_	PATEN	IT APPLICATE	FION FEL	DETERI	OOO	TION RECO	ORE	•	Ap C			Docket No		
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN		
Ľ	OTAL CLAIM	AS &						RATE		FEE	TOF	RATE	_	_
F	OR		NUMB	NUMBER FILED		NUMBER EXTRA		BASIC FE		355.0	,	BASIC FE		_
TO	OTAL CHARG	EABLE CLAIMS	Q	& minus 20=		• ø					HOH		1	.U
IN	DEPENDENT	CLAIMS	7	7. minus 3 =		0		X\$ 9=			OR	X\$18=		
M	JLTIPLE DEP	ENDENT CLAIM	PRESENT					X40=			OR	X80=		
-								+135=		OR		+270=		
61	the differen	ce in column 1	is less than	zero, enter	"0" in			TOTAL			OR	L	7n	_
				MENDED - PART II					_		7,0,,	OTHER		-
		(Column 1) CLAIMS		(Colun				SMAL	LEN	ПП	OR	SMALL		
AMENDMEN		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	TI	ADDI- IONAL FEE		RATE	ADI TION FE	JAI
2	Total	1. 14	Minus	- 20)	= (X\$ 9=	T		OR	X\$18=		_
	Independent		Minus	1 9		= U	ŀ	X40=	+	\dashv	1		╂╼┽	_
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								╁	+-	OR	X80≈	$\vdash \vdash$	_
							L	+135=		_\	OR	+270=		
+-	20-05						A	TOTAL DOIT. FEE			OR	TOTAL		_
	40 3	(Column 1)		(Colum										
		REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADD TION	AL
-	Total	. 13	Minus	. 20)	= 0	Γ	X\$ 9=	6	7	OR	X\$18=	NO	
-	ndependent	NTATION OF MI	Minus	··· 3		= 0	H	X40=		5		X80=		_
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		(Column 4)					ADI	TOTAL DIT. FEE		,	OR A	TOTAL DDIT. FEE	-0	
I		(Column 1) CLAIMS		(Column		(Column 3)								
Į		REMAINING AFTER AMENDMENT	18 × 1	PREVIOUS PAID FO	R	PRESENT EXTRA	F	RATE	TIO	DI- NAL		RATE	ADDI	۱L
⊢	otal	•	Minus	••			T _x	\$ 9=		\neg		V610	FEE	_
\vdash	dependent		Minus	***		-	\vdash				OR	X\$18=		4
	no i PHESE	NTATION OF MU	LTIPLE DEI	PENDENT C	AIM		<u> </u>	40=			OR	X80=		
f th	entry in colum	nn 1 is less than the	entry in col:	ma 2. write ™*	in och	no 2	+1	35=			OR .	+270=		
lf th	e "Highest Num	ther Previously Pai		SPACE is les	is than 2	20, enter "20."	ADD	TOTAL T. FEE			DR _{AD}	TOTAL DIT. FEE		J
	- "Grivet High	er Previously Paid	ror (fotal or	Independent)	is the hi	ghest number for	und ir	the app	ropria	te box i	u comu	n 1.		